

## HOW YOU CAN CONTACT US TO USE YOUR RIGHTS

If you want to use any of the privacy rights explained in this Notice, please call the CHDP program in the county you live in. The phone numbers of CHDP programs are listed on the insert.

### TO COMPLAIN

If you believe that CHDP has not protected your privacy or your child's privacy rights, and wish to complain, please call or write us at:

**Privacy Officer**  
CA Department of Health Services  
P.O. Box 997413  
MS 0010  
Sacramento, California 95899-7413  
(916) 445-4646 or  
(877) 735-2929 (TTY/TDD)

You may file a complaint by calling or writing the **Privacy Officer**, CA Department of Health Services, at the address and telephone number above. You may also contact the Secretary of the U.S. Department of Health and Human Services by writing or calling the Office for Civil Rights, 50 United Nations Plaza, Room 322, San Francisco, CA 94102, telephone (800) 368-1019, or (800) 537-7697 TTY/TDD.

**CHDP cannot take away your child's health care benefits or do anything to hurt you in any way if you choose to file a complaint or use any of the privacy rights in this Notice.**

**If you have any questions about this Notice, and want more information, please contact the Privacy Officer, California Department of Health Services, at the address and phone number above.**

## CHANGES TO NOTICE OF PRIVACY PRACTICES

CHDP must obey this Notice starting on April 14, 2003. We have the right to change our privacy practices. If we make any changes, we will rewrite this Notice and give it to you right away.

**To get a copy of this notice in other languages, Braille, large print, audiocassette or computer disk, please call or write the Privacy Officer at the number or address listed above.**

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### \*\*\*IMPORTANT\*\*\*

**CHDP DOES NOT HAVE COMPLETE COPIES OF HEALTH RECORDS. IF YOU WANT TO LOOK AT, GET A COPY OF, OR CHANGE A CHILD'S HEALTH RECORDS, PLEASE CONTACT THE CHILD'S DOCTOR, CLINIC, OR HEALTH PLAN.**

## California Department of Health Services



## Message From Child Health and Disability Prevention (CHDP) Program

# NOTICE of PRIVACY PRACTICES

Effective April 14, 2003

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This notice describes how medical information about you may be used and disclosed and how you can get access to this information.

**PLEASE REVIEW IT CAREFULLY.**

**The CHDP Program** must keep your health information private. We get information when families apply for benefits, and when doctors, clinics and others send us a bill for care. CHDP must give you this Notice about the law and how we can use and share your health information and what your rights are.

## HOW WE MAY USE AND SHARE INFORMATION

**With the written consent of a parent, guardian, or minors living on their own,** CHDP uses and shares private health information in running the **CHDP Program**. This information includes such things as the child's name, address, personal facts, health history, and health care given to the child.

We use this information and share it with others for the following reasons:

- **For treatment:** The CHDP Program will share information with doctors, hospitals, schools, and others in order to get children the care they need.
- **For payment:** CHDP and others that work with us review, approve, and pay for health care bills sent to us for the child's care. When we do this, we share information with the doctors, clinics, and others who bill us for the child's care.
- **For health care operations:** CHDP may use the information in the child's health records to make sure your child and other children get quality CHDP health care.

## SOME OTHER WAYS WE MAY SHARE INFORMATION

The CHDP Program **may** use or give out information we have about children in the program for the following reasons:

- To call or write children and families about their benefits under CHDP
- For legal cases, such as in response to a court order
- When required by law, such as reporting abuse or neglect, or for workers' compensation

- In appeals of decisions about health care claims paid or denied by CHDP
- To the federal government when it is checking on how we are meeting privacy laws
- To gather information which can no longer be traced back to the child

We may give out health information to organizations that help us run our program, such as by paying bills. If we do, we will make sure that they protect the privacy of information we share with them.

Some state laws limit the sharing of information listed above. For example, there are special laws that protect information about HIV/AIDS status, mental health treatment, developmental disabilities, and drug and alcohol services. We will obey these laws.

## WHEN WRITTEN PERMISSION IS NEEDED

CHDP may use or share the child's information in limited ways. If we want to use childrens' health information in a way not listed above, we must get written permission from the parent, guardian or children living on their own. If you give permission, you may take it back in writing at any time.

**NOTE**  
**IF YOU ARE ON MEDI-CAL, THE LAW MAY NOT ALLOW SHARING SOME OF THE INFORMATION LISTED ABOVE. MEDI-CAL RULES SAY INFORMATION CAN ONLY BE USED OR SHARED FOR REASONS CONNECTED WITH THE OPERATION OF THE MEDI-CAL PROGRAM.**

## PRIVACY RIGHTS UNDER THE LAW

- You have the right to ask us not to use or share the child's personal health care information in the ways listed above. We may not be able to agree with your request.
- You have the right to ask us to contact you only in writing or at a different address, post office box, or telephone number. We will accept reasonable requests when necessary to protect your safety or the child's safety.

- The parent or guardian of a child and children living on their own have the right to see and get a copy of information the CHDP Program has about the child. CHDP has information about eligibility, information about bills sent to us for payment, and some health information that CHDP uses to pay for health assessments and to help children find more care when they need it. If you want a copy of the information CHDP has, you must ask for the information in writing from your local CHDP program. See the telephone number of your local CHDP Program on the attached yellow sheet. CHDP may keep you from seeing all or parts of records for reasons allowed by law. If we do, we will give you information on how to appeal our decision.
- You have a right to have information in the child's records changed if information is missing or you believe the information is wrong. If the information you want to change did not come from CHDP, we may not be able to change it, but we will keep a copy of your request. You may write us and say you do not agree with our decision not to change the information in the child's records. CHDP will keep your statement on file.
- You have the right to request a list of the times when we have given out the child's health information after April 14, 2003. The list will tell you with whom we shared information, when, for what reason, and what information was shared. The list will not include when we gave information to the child or to the child's representative, or with your permission, or shared it for treatment, payment, or health care operations.

- You have a right to get a paper copy of this Notice of Privacy Practices when you ask for it. You can also find this Notice on our website at: <http://www.dhs.ca.gov/chdp>